

#300004457

U.S. DISTRICT COURT
NORTHERN DIST. OF TX
FILED

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2023 JUL 18 PM 4:15
DEPUTY CLERK MS

UNITED STATES DISTRICT COURT FOR THE
of Texas Dallas DIVISION

Martha P. District

Tracy Nixon

(Full Name)

PLAINTIFF

vs.

Dallas County Texas

CIVIL RIGHTS COMPLAINT
(42 U.S.C §1983, §1985)

3-23cv1600-E

CIVIL NO.

(Supplied by Clerk)

DEFENDANTS

A. JURISDICTION

1. Jurisdiction is proper in this court according to:

- a. 42 U.S.C. §1983
- b. 42 U.S.C. §1985
- c. Other (Please Specify) _____

2. NAME OF PLAINTIFF Tracy Nixon
IS A CITIZEN OF THE STATE OF _____

PRESENT MAILING ADDRESS:

4939 ASH Brook Road
Dallas Texas 75215

3. NAME OF FIRST DEFENDANT Dallas County Texas
IS A CITIZEN OF Dallas Texas
(City and State)

IS EMPLOYED AS _____ at _____.

(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES NO If your answer is "YES" briefly explain.

Defendant was at all times and in all
Matters acting under color of state law when
Subjected Tracy Nixon to the Wrongs and Injuries

4. NAME OF SECOND DEFENDANT _____
(If applicable)

IS A CITIZEN OF _____
(City and State)

IS EMPLOYED AS _____ at _____.

(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES NO If your answer is "YES" briefly explain.

5. NAME OF THIRD DEFENDANT _____
(If applicable)

IS A CITIZEN OF _____
(City and State)

IS EMPLOYED AS _____ at _____.
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES NO If your answer is "YES" briefly explain.

6. NAME OF FOURTH DEFENDANT _____
(If applicable)

IS A CITIZEN OF _____
(city and State)

IS EMPLOYED AS _____ at _____.
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES NO If your answer is "YES" briefly explain.

(Use additional sheets of paper if necessary.)

B. NATURE OF CASE

1. Why are you bringing this case to court? Please explain the circumstances that led to the problem.

Tracy Nixon was incarcerated in the Dallas County Jail on June 1, 2023. Shortly thereafter, Tracy Nixon began experiencing cold sweats, fever, and back pain and vomiting uncontrollably.

C. CAUSE OF ACTION

1. I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

a. (1) Count I: Defendant caused Deprivation of Tracy Nixon rights to Due Process of Law and Rights to be free from Cruel or Unusual Punishment.

(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing legal authority or arguments.) Defendant abridged Tracy Nixon Rights and Privileges Secured to him by the fourth, Eighth, and fourteenth amendments to the United States Constitution and by other laws of the United States, by failing to provide proper medical treatment, by failing to protect him and through Indifference to his medical needs, in violation of 42 U.S.C. § 1983.

b. (1) Count II: Defendant acted deliberate and failed to provide Emergency medical care in a reckless, callous indifference to the federal protected rights.

(2) Supporting Facts: On June 2, 2023 or about

June 3, 2023 Tracy Nixon slipped in the shower and requested medical attention Tracy Nixon did not get medical treatment Defendant failed to implement policies, procedures, and practices or customs.

c. (1) Count III: Defendant prevented Tracy Nixon from receiving medical services and medication

(2) Supporting Facts: Tracy Nixon requested through Inmate Services to see a Doctor, because of vomiting Blood and asked Sheriff Detention officer to see, Nurse or Doctor June 2, 2023. The Sheriff later transferred to Dallas County Jail Infirmary. The Plaintiff, medical staff refused Medication to Tracy Nixon and sent Plaintiff back to jail cell on or about June 5, 2023. The Inmates demanded Medical care for Me.

D. INJURY

1. How have you been injured by the actions of the defendant(s)?

Defendant immediate refusal to treat symptoms of appendicitis resulted in an appendectomy Emergency operation on June 5, 2023 for gangrenous appendicitis. Tracy Nixon remained in Parkland Memorial Hospital Intensive Care until June 12, 2023.

E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1. Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action or otherwise relate to the conditions of your imprisonment? YES / NO . If your answer is "YES," describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

- a. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

- b. Name of court and case or docket number: _____

c. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

d. Issues raised: _____

e. When did you file the lawsuit? _____

Date Month Year

f. When was it (will it be) decided? _____

2. Have you previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part C? YES / NO . If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

F. REQUEST FOR RELIEF

1. I believe that I am entitled to the following relief: Two Hundred Million Dollars
in Damages, Damages within the Jurisdictional
limits of this Court for the Plaintiff's injuries
Physical and Mental pain and suffering in the Past
and Future, reasonable Past and Future medical expenses
Past and Future wage loss and Loss of Earning Capacity
Past and future mental anguish
Past and Future physical disability
Past and Future physical disfigurement and
loss of Appendix

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint, and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C. §1621.

4915 S. Malcolm 8110
Executed at Dallas TX 75215 on July 18, 2023
(Location) (Date)

Tracy Nixon
Signature

Tracy Nixon

United STATES District Court
for the Northern District
of Texas

Dallas DIVISION

Tracy Nixon
Plaintiff

vs.

Dallas County Texas
Defendant

Demand for Jury Trial

Plaintiff Tracy Nixon make demand
for A Jury Trial

Respectfully Submitted

Tracy Nixon Pro Se
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Dallas Texas 75227
214-286-1739
realmegal@gmail.com

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM)

I. (a) PLAINTIFFS Tracy Nixon (b) County of Residence of First Listed Plaintiff <u>Dallas</u> (EXCEPT IN U.S. PLAINTIFF CASES) 4939 Ash Brook Rd Dallas Texas 75227 (c) Attorneys (Firm Name, Address, and Telephone Number) Pro Se		DEFENDANTS Dallas County, Texas County of Residence of First Listed Defendant <u>Dallas</u> (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED. Attorneys (If Known) Unknown	
II. BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)	
<input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)		Citizen of This State <input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State	
<input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)		Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State	
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation	
IV. NATURE OF SUIT (Place an "X" in One Box Only)			
CONTRACT		TORTS	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise		PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability PERSONAL PROPERTY <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	
REAL PROPERTY		CIVIL RIGHTS	
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property		HABEAS CORPUS: <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education OTHER: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	
V. ORIGIN (Place an "X" in One Box Only)			
<input checked="" type="checkbox"/> 1 Original Proceeding		<input type="checkbox"/> 2 Removed from State Court	
<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 4 Reinstated or Reopened	
		<input type="checkbox"/> 5 Transferred from Another District (specify)	
		<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	
		<input type="checkbox"/> 8 Multidistrict Litigation - Direct File	
Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>42 U.S.C. 1983</u>			
VI. CAUSE OF ACTION		Brief description of cause: <u>This case arises from inmate failing to be provided medical</u>	
VII. REQUESTED IN COMPLAINT:		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	
VIII. RELATED CASE(S) IF ANY		DEMANDS <u>Two Hundred million dollars</u>	
(See instructions):		JUDGE _____	
DOCKET NUMBER _____			
SIGNATURE OF ATTORNEY OF RECORD <u>Tracy Nixon Prose</u>			
DATE <u>June 18, 2023</u>			
FOR OFFICE USE ONLY			
RECEIPT # _____		AMOUNT _____	
APPLYING IFP _____		JUDGE _____	
		MAG. JUDGE _____	

DATE

DATE
June 18, 2023

FOR OFFICE USE ONLY

SIGNATURE OF ATTORNEY OF RECORD

Dorey Dilon Prose

THE BOSTONIAN

1000

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE